



Registration Form

Archaeology Camp 2015

**Primary sponsors: South Dakota State Historical Society/Historic Preservation Office (SHPO),
and US Army Corps of Engineers**

Archaeology Camp 2015 is for students going into grades 4-6 (no exceptions) for the 2015-2016 school year. Camp dates are June 9-11, 2015, from 8 a.m. to 5 p.m. The program is structured for students to attend all 3 days. If a camper cannot attend all 3 **full** days, they should not sign up. Registration is limited to the first 20 applicants, first-come, first-served.

Registration will begin on May 1, 2015 at 10 a.m. and will close when the camp is full or on May 15, 2015, whichever comes first. The registration fee of \$30, payable to SDHSF, must accompany this form and the release forms. Payment and forms may be dropped off in Administration at the Cultural Heritage Center, 900 Governors Drive, Pierre, or mailed to Archaeology Camp/Paige Olson, 900 Governors Drive, Pierre, SD 57501.

Campers should be brought **no earlier than** 7:45 a.m. and **no later than** 8 a.m. at the Cultural Heritage Center (CHC). **Students must be signed in and out by their parent or guardian.** From the CHC they will be transported to the old Fort Galpin archaeological site near the Oahe Downstream Recreation Area. Students should be picked up at the CHC between 4:45 & 5:15 p.m. A letter will be sent to parents or guardians before the camp begins detailing what campers need to bring and other specifics.

For more information on the Archaeology Camp, please contact Paige Olson at 605-773-6004 or by e-mail at Paige.Olson@state.sd.us.

PLEASE TYPE OR PRINT CLEARLY.

Student Name _____ Age _____ Grade _____
(2015-2016)

T-shirt Size: Youth S (5-6) ____ Youth M (7-8) ____ Youth L (10-12) ____ Youth XL (adult S) ____

Does your child have any food and/or environmental allergies of which we should be aware? Yes _____ No _____

If yes, please elaborate. _____

Parent/Guardian Name/s _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Parent/Guardian E-mail _____

Parent/Guardian Place of Work _____ Work phone _____

Parent/Guardian Place of Work _____ Work phone _____

Emergency Contact Name (if parent/guardian not available) _____

Relationship to child _____

Phone, work _____ Phone, home _____ Phone, cell _____

Please identify any individual, other than the parent/guardian, who has permission to pick up your child.

Name _____ Relationship to child _____

Name _____ Relationship to child _____

_____ My child has permission to walk from the Cultural Heritage Center, 900 Governor Drive to the following location as a final destination after camp. _____

How did you find out about the camp? ☐ Teacher/School ☐ Summer Rec Brochure ☐ Radio ☐ Newspaper

Please check all that apply.

☐ Historic Preservation Website ☐ Word of Mouth

☐ Other, please explain _____

Parent/Guardian signature

Date

If your child is overly disruptive, we will call you to come get your child.

Page down for release forms (2 pages).

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY
AGREEMENT AND CONSENT TO MEDICAL TREATMENT FOR ARCHAEOLOGY CAMP 2015**

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in **Archaeology Camp 2015**.

By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota and the US Army Corps of Engineers, their officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activity listed above;

2. Agree to indemnify and hold harmless the State of South Dakota and the US Army Corps of Engineers, their officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in the activity listed above;

3. Consent to receive any medical treatment deemed advisable during participation in the activity listed above; and

4. Acknowledge that we are signing below as a minor child and as the parent or legal guardian of the minor child named below.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PLEASE TYPE OR PRINT CLEARLY.

Minor's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Parent/Guardian's Name _____

Address ☐ same as above, or

Address _____ City _____ Zip _____

Signature of Parent/Guardian

Date

RELEASE FOR MEDIA RECORDING FOR ARCHAEOLOGY CAMP 2015

I hereby grant permission to South Dakota State Historical Society and the US Army Corps of Engineers to use any images of the **Archaeology Camp 2015** participant, _____, including the display, distribution, publication, transmission or otherwise use of photographs, images, and/or video taken of the participant for use in materials that include, but are not limited to, printed materials such as brochures and newsletters, videos and digital images such as those used on the South Dakota State Historical Society and the US Army Corps of Engineers websites.

I further agree that these images may be used without further notifying me.

Typed or Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date